FILE

NEVADA FINANCIAL DISCLOSURE STATEMENT

(Attach additional sheets if necessary.)

JAN	17	2006	R	. (
DEAI CRETA	A HE	LLER F STAT	E 2	34

NAME CHAD CHAISTENSON MAILING ADDRESS 9101 W. SAHARA STE 105	LENGTH OF RESIDENCE IN NEVADA	
CITY, STATE, ZIP LAS VEEAS NV 89117	VOTE (per NRS 281.571(1)(a)) 5 TYEARS	
TELEPHONE 702 597 5358	E-MAIL CHAD @ CHADCHPISTENSE	V. CEM
Public Office Public Office Public Office Public Office Public Office Annu Compens S S S S S S S S S S S S S	ANNUAL CANDID. all elected and appointed public officers (no later than Jan. 15 each year) all Term or NRS NRS NRS (281559(191)) 281559(191)	than to fill unexpired term day of an elected or st day appointed public as a officer te) (within 30 days)
List all general sources of income for you and members of you NBNG, LLC CHRISTENSEN Co.	ur household over 18 years of age [NRS 281.5	71, Subsection 1(b)]: Self Household Member W
List each creditor to whom you or a member of your househol or deed of trust on real property which is not required to be list vehicle for personal use was retained by seller] [NRS 281.571, St. NONE	ted below, and (2) debt for which a security	
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[NRS 281.571, Subsection 1(f)]:		Household
1121/2 1:	Self	Member
CHRISTENSON CO.	K) K)	
List specific location and particular use of all real estate (other than personal residence): (1) in which you of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3)		
state or an adjacent state [NRS 281.571, Subsection 1(c)]:	,	
9938 Mustano CRC Location W 89145 PARTICULAR USE		
List the identity of donor and value of each gift received in excess of an aggregate value of \$200 from a during the preceding taxable year [except (1) a gift received from a person who is related to you within the consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or of occasion if the donor does not have a substantial interest in your legislative, administrative, or political action [NRS 281.571, Subsection 1(e)]:	third d ther ce	
Donor \$\$	Value o	f Gift
\$ \$ \$,	
\$\$		
THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.		
Compilation of the second of t		
Date: 1/12/06 Signature:		

List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of